
TODAY'S OPTIONS[®]

2007–2008 BENEFIT COMPARISON

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**AMERICAN
PROGRESSIVE**
LIFE & HEALTH INSURANCE COMPANY OF NEW YORK

2007-2008 BENEFIT COMPARISON

SERVICES

Out-of-Pocket Limit

Primary Care Physician Office Visits Co-pay

Specialists Care Office Visits Co-pay

Inpatient Hospital Care Co-pay**

Inpatient Hospital Care Co-pay**

Inpatient Hospital Care Out of Pocket Limit

Inpatient Mental Health Care Co-pay***

Inpatient Mental Health Care Co-pay***

Skilled Nursing Facility Co-pay

Skilled Nursing Facility Co-pay

Outpatient Surgery - Ambulatory surgical center with notification to the plan within 48 hours of stay Co-pay

without notification to the plan within 48 hours of stay Co-pay

Outpatient Surgery - Outpatient hospital facility with notification to the plan within 48 hours of stay Co-pay

without notification to the plan within 48 hours of stay Co-pay

Ambulance Services Co-pay

Emergency Care Co-pay

Emergency Care Coverage Limit outside the U.S.

Urgently Needed Care - Primary Care Physician Visit Co-pay

Urgently Needed Care - Specialist Visit Co-pay

Urgently Needed Care - Facility Visit Co-pay

Outpatient Services Mental Health Care

Outpatient Services - Substance Abuse

Outpatient Rehabilitation Services Occupational, Physical, Speech & Language Therapy Co-pays

Ancillary Services Home Health Visit Co-pay

Durable Medical Equipment (DME), Prosthetic Devices and Medical Supplies****

Diabetes Self-monitoring Training, Nutrition Therapy Co-pay

Diabetes supplies

Chiropractic and Podiatry Services Co-pay

Renal Dialysis In and Out of Area Co-pay

Diagnostic Tests, X-Rays and Lab Services Diagnostic Procedures and Tests Co-pay

X-Rays; Diagnostic Radiology Services; Therapeutic Radiology Services Co-pay

Preventive Services Co-pay

- Bone Mass Measurement; Colorectal Screening; Flu and pneumonia vaccines; Hepatitis B vaccine; Mammograms; Pap smears and pelvic exams; Prostate cancer exam

Miscellaneous Benefits Co-pay

- Diagnostic hearing exams; Routine hearing test (one per year); Eyeglasses or contact lenses after each cataract surgery (one pair); Exams to diagnose and treat conditions and diseases of the eye; Routine eye exam (one per year)

Miscellaneous Benefits - Routine physical exams (one per year) Co-pay

*Part D drug co-pay and coinsurance payments do not count toward the maximum out-of-pocket limit.

**NOTE: If Today's Options is not notified of a planned inpatient stay before or within 48 hours of admission, the member pays an additional fee of \$150.

***NOTE: If Today's Options is not notified of a planned inpatient stay before or within 48 hours of admission, the member pays an additional co-payment of \$50/day up to \$250.

****NOTE: If Today's Options is not notified before or within 48 hours of the purchase of a DME, prosthetic device medical supply equipment more than \$750, the member will pay 50% of the bill

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NEW PLANS

BASIC & BASIC PLUS 2008	VALUE & VALUE PLUS 2007	VALUE & VALUE PLUS 2008	PREMIER & PREMIER PLUS 2007	PREMIER & PREMIER PLUS 2008
\$3,000*	\$3,000	\$3,000*	\$2,500	\$2,500*
\$20	\$15	\$20	\$5	\$10
\$35	\$30	\$30	\$15	\$25
\$250 Days 1-6	\$175 Days 1-4	\$195 Days 1-5	\$150 per admission	\$195 per admission
\$0 Days 7-90	\$0 Days 5-90	\$0 Days 6-90	\$0 Days	\$0 Days
\$1,700	\$1,700	\$1,700	\$600	\$600
\$250 Days 1-6	\$150 Days 1-5	\$195 Days 1-5	\$75 Days 1-5	\$95 Days 1-5
\$250 7-90	\$0 Days 6-90	\$0 Days 6-90	\$0 Days 6-90	\$0 Days 6-90
\$0 Days 1-20	\$0 Days 1-20	\$0 Days 1-20	\$0 Days 1-20	\$0 Days 1-20
\$125 Days 21-100	\$100 Days 21-100	\$100 Days 21-100	\$100 Days 21-100	\$100 Days 21-100
\$200	\$100	\$100	\$25	\$25
\$400	\$200	\$200	\$50	\$50
\$400	\$200	\$200	\$50	\$50
\$800	\$400	\$400	\$100	\$100
\$150	\$100	\$100	\$50	\$50
\$50	\$50	\$50	\$35	\$35
\$25,000	\$25,000	\$25,000	\$25,000	\$25,000
\$20	\$15	\$20	\$5	\$10
\$35	\$30	\$30	\$15	\$25
\$75	\$50	\$50	\$35	\$35
50%	50%	50%	50%	50%
50%	50%	50%	50%	50%
\$35	\$30	\$30	\$15	\$15
20%	15%	15%	15%	15%
20%	20%	20%	20%	20%
\$0	\$0	\$0	\$0	\$0
20%-50%	20%-50%	20%-50%	20%-50%	20%-50%
\$45	\$35	\$35	\$20	\$20
\$50	\$50	\$50	\$50	\$50
0%	0%	0%	0%	0%
20%	20%	20%	10%	10%
\$0	\$0	\$0	\$0	\$0
\$35	\$30	\$30	\$15	\$15
\$35	\$30	\$30	\$0	\$0

Always check the Today's Options Summary of Benefits in your selling county for the correct premium. Premiums and benefits are pending approval from CMS. Product availability and benefits may vary by state and by county.

2007-2008 BENEFIT COMPARISON

NEW PLANS

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PRESCRIPTION DRUGS	BASIC 2008	BASIC PLUS 2008	VALUE 2007	VALUE 2008	VALUE PLUS 2007	VALUE PLUS 2008	PREMIER 2007	PREMIER 2008	PREMIER PLUS 2007	PREMIER PLUS 2008
Initial Coverage Limit	N/A	\$2,510	N/A	N/A	\$2,400	\$2,510	N/A	N/A	\$2,400	\$2,510
Retail Pharmacy Generic - for one-month supply of drugs	N/A	\$5	N/A	N/A	\$7	\$5	N/A	N/A	\$7	\$5
Retail Pharmacy Generic - for three-month supply of drugs	N/A	\$15	N/A	N/A	\$14	\$15	N/A	N/A	\$14	\$15
Retail Pharmacy Preferred Brand - for one-month supply of drugs	N/A	\$31	N/A	N/A	\$31	\$31	N/A	N/A	\$31	\$31
Retail Pharmacy Preferred Brand - for three-month supply of drugs	N/A	\$93	N/A	N/A	\$62	\$93	N/A	N/A	\$62	\$93
Retail Pharmacy Non-Preferred Brand - for one-month supply of drugs	N/A	\$61	N/A	N/A	\$63	\$61	N/A	N/A	\$63	\$61
Retail Pharmacy Non-Preferred Brand - for three-month supply of drugs	N/A	\$183	N/A	N/A	\$126	\$183	N/A	N/A	\$126	\$183
Retail Pharmacy Specialty - for one-month supply of drugs	N/A	30%	N/A	N/A	30%	30%	N/A	N/A	30%	30%
Mail Order Drugs	N/A	N/A	N/A	N/A	Available	N/A	N/A	N/A	Available	N/A
Donut Hole Coverage	N/A	No	N/A	N/A	No	No	N/A	N/A	Yes - Generics Only	Yes - Generics Only

NEW PLANS

MEMBER PREMIUM	BASIC 2008	BASIC PLUS 2008	VALUE 2007	VALUE 2008	VALUE PLUS 2007	VALUE PLUS 2008	PREMIER 2007	PREMIER 2008	PREMIER PLUS 2007	PREMIER PLUS 2008
Rating Area 1	(\$20)*	\$18.40**	(\$27.80)*	(\$10)*	\$0	\$18.40***	\$0	\$0	\$39	\$28.60
Rating Area 2	(\$10)*	\$18.40***	\$15	\$0	\$43	\$18.40	\$46	\$15	\$85	\$43.60
Rating Area 3	\$0	\$18.40	N/A	\$10	N/A	\$28.40	N/A	\$33	N/A	\$61.60
Rating Area 4	\$10	\$28.40	N/A	\$25	N/A	\$43.40	N/A	\$49	N/A	\$77.60
Rating Area 5	\$20	\$38.40	N/A	\$40	N/A	\$58.40	N/A	\$64	N/A	\$92.60
Rating Area 6	\$35	\$53.40	N/A	\$55	N/A	\$73.40	N/A	\$79	N/A	\$107.60

*Part B premium reduction.

**Member is entitled to a Part B premium reduction of \$20, which will be reflected in the member's Social Security payments. Plus Plans require the member to pay full premium. Any Part B reduction will be reflected separately.

***Member is entitled to a Part B premium reduction of \$10, which will be reflected in the member's Social Security payments. Plus Plans require the member to pay full premium. Any Part B reduction will be reflected separately.

Premiums and benefits are pending approval from CMS. Product availability and benefits may vary by state and by county. Always check the Today's Options Summary of Benefits in your selling county for the correct premium.